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OFFICE OF
INSURANCE COMMISSIONER

December 19, 1995

BULLETIN No. 95-9

"Every Category of Provider"

Attention: Disability Insurers, Health Care Service Contractors, and Health Maintenance Organizations

Subject: "Every Category of Provider"

RCW 48.43.045 (which passed the Legislature as Section 8 of ESHB 1046) requires that every health plan permit every category of health care provider to provide health services or care for conditions included in the basic health plan services. The providers at issue are those authorized in Title 18 RCW and Chapter 70.127 RCW. This requirement applies to every health plan delivered, issued for delivery, or renewed on or after January 1, 1996. On November 15, and again on December 7, I explained parts of this law to carriers in two letters.

However, many disturbing reports have reached my office in recent days indicating that certain carriers are considering actions which clearly fail to satisfy the requirements of RCW 48.43.045. This bulletin is in response to questions received by my office regarding these reports. There may be additional bulletins issued in the future to address other questions.

1. Inclusion of all categories of providers is required in every health plan. The requirement applies to fee-for-service plans and managed-care plans. The requirement is not limited to the Model Plan or in any other single plan or plan supplement for alternative care.
2. Carriers must actually cover claims for service by all categories of providers, not merely contract with those providers.
3. Carriers may not exclude a category of provider by asserting that the category fails to meet the carrier's standards for provision of Acost-effective and clinically efficacious health services. @ Services within the provider's permitted scope of practice must be covered, without discrimination on the basis of provider type. For example, if a health plan covers rehabilitation therapy, that service must be covered whether treatment is rendered by an osteopathic physician, a chiropractor, a registered physical therapist, or a licensed massage therapist, so long as the health care practitioner is operating within his or her scope of practice.
4. A category of providers may not be excluded even if that category of provider is excluded by the Basic Health Plan of Washington. RCW 48.43.045 requires carriers to provide this access to services for any **condition** covered by the Basic Health Plan. Thus, for example, even if acupuncturists are excluded by the Basic Health Plan, carriers must cover services by acupuncturists if the condition treated is one covered by the Basic Health Plan and the acupuncturist is acting within the permitted scope of his or her practice.
5. The law does not limit the types of providers who may be designated by a carrier as a A Primary Care Provider@ (PCP). Department of Health has determined that a broad range of provider categories may function as PCPs.
6. The law requires carriers to permit every category of provider to provide services for health care conditions covered by the basic health plan services. If a carriers imposes a limitation, such as number of visits or maximum benefit amount, on a type of service covered by a health plan, that limitation must be applied without regard to the type of provider performing the service.

My office will monitor and evaluate the network adequacy of each carrier through a review of the monthly filings of changes to provider networks and also through consumer complaints filed with the Consumer Advocacy and Outreach division. Factors considered on a case by case basis will include a carrier's service area, availability of all categories of providers, travel distances and numbers of providers in relationship to enrollment.

I am prepared to take all enforcement actions necessary to prevent any other practices that circumvent RCW 48.43.045.

Insurance Commissioner